

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MHA 0009696

Date In: 21/1/05-10:54	Job description	Date & Time Completed	Done by
Ref No: H01P0200012721	SAS e-filing		
Veh No: 6 F4886	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 20/1/05-17:40	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 51E37712	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP: (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	21/01/2020 10:54
Date Of Accident	20/01/2020 17:40
Exact Location Of Accident	JUNG KEPPEL RD & TANJONG PAGAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9285L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG HANWEI
NRIC No	SXXXX220I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96883841
Alternative Phone No	OFFICE-96883841

### Vehicle Particulars

Manufacturer	KIA
Model	SPORTAGE 2.0(A) FWD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00013056
Cover Note Number	

### Driver

Name of Driver	ANG SIOK BING (HONG SHUMIN)
NRIC No	SXXXX195G
Date Of Birth	12/08/1983
Occupation	INDOOR
Date Of Driving Pass	15/11/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97678208
Fax Number	
Contact Number	OFFICE-97678208
Email Address	NOEMAIL

Address	38 FERNVALE LINK #08-21
Postcode	797534
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE3774Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

x

Policyholder's Signature  
Date & Time:

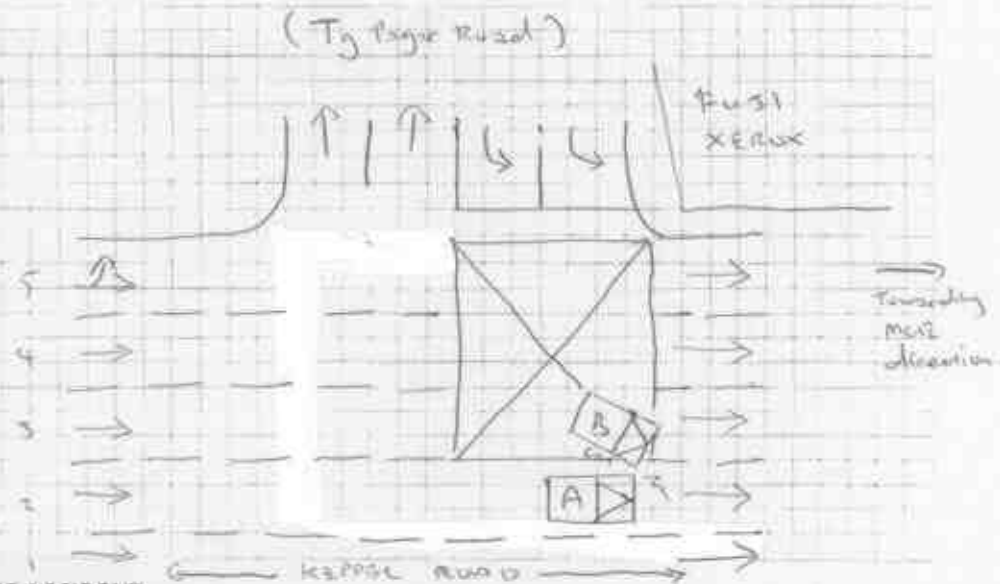
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A  
- SLF 9285L

Vehicle B  
- SKB 3774Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Keppel Road towards MCE direction. I was on the second lane. (It is a 5 lane carriage way)

While going straight ahead, and at the junction, a vehicle turned out from Tj Pagar Road, and the vehicle turned out from the yellow box which only allowed her to engage into lane 3 to lane 5 of the carriage way. but she insisted and cutted into lane 2 which I am travelling in, which it was the cause of the accident.

After she collided onto my vehicle, she didn't stopped immediately. instead she proceed on and more forward side and causing more damage to the left front portion of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate number (SKB 3774Z) collided to the left front portion of my vehicle.


Vehicle A - SLF 9285L


Vehicle B - SKB 3774Z


## DECLARATION

I/We declare the foregoing particulars are true in every respect.

&

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SLF 9285L	<b>Model / Make</b>	Kia Sportage
<b>Date of Accident</b>	20/01/2020		
<b>Time of Accident</b>	1740	<b>HRS</b>	
<b>Location of Accident</b>	KEPPEL ROAD, T JUNCTION OF (Tg Pagar Road / Kappel Road)		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	CHONG KANWEI		
<b>Telephone No.</b>	H/P: 96883841	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S81042201		
<b>Address</b>	BLK 38 FERNVALE LINK #08-21 S (799534)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	FWD		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	PNPN2019-00013056		
<b>Name of Driver</b>	As Above If No, ANH SIOR BINH		
<b>NRIC</b>	S83291956	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	12 AUG 1983		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	15 NOV 2006		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 97678208	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	38 FERNVALE LINK #08-21 S (799534)		
<b>Driver have any own vehicle</b>	No	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state SPOUSE	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No	If Yes, Where?	
<b>Vehicle B No.</b>	SK6 37742	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	LEFT FRONT PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	THINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER:** PNPV2019-00013056 (Comprehensive - Classic Plan)

**Car plate number:** SLF9285L

**Your name (As the policyholder):** Chong Hanwei

**Coverage start date:** 16/09/2019

**Coverage end date:** 15/09/2020

**Covered geographical area:** Singapore, West Malaysia and Southern Thailand

**Who is insured to drive:**

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

**Important things to know:**

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

**Finance company:**

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

**Issued on:** 31/07/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.